

RECEIVED
SEP - 2 2008
INDUSTRIAL DEVELOPMENT

3/3

<u>START</u>	<u>END</u>
8/1/2008	8/31/2008
mo/day/yr	mo/day/yr

312806	GALLONS
(CU FT X 7.48= GALLONS)	


Effluent Meter Reading Last Day This Period	Not Applicable
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[illegible][illegible]

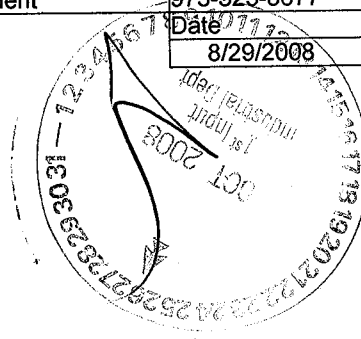
77

OCT 2008
2nd Input
Industrial Dept.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL OR AUTHORIZED AGENT	Type Name And Title	Telephone No.
	H. R. Casparian President	973-278-3818
		Fax No.
		973-523-8677
		Date
		8/29/2008

PVSC FORM MR-2 REV. 3. 6/93



Calculation of Volume Discharged

Outlet #1

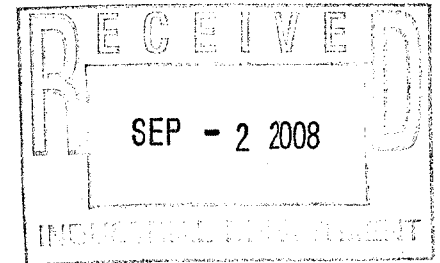
meter #	8/1/2008	8/31/2008	Cu Ft
70025595	10590920	10634450	43530
60094832	3453130	3453620	490
Total Cu Ft			44020
			*.95*7.48
			312806

Outlet #2

meter #	8/1/2008	8/31/2008	Cu Ft
60094869	461880	483690	21810
60094831	3512970	3518820	5850
60495152	1030	1070	40
Total Cu Ft			27700
			*.95*7.48
			196836

USER CHARGE SELF MONITORING REPORT

NAME: CRAFT TEXTILE PRINTING CO., INC.
ADDRESS: P.O. BOX 2761, PATERSON, NJ 07509-2761
FACILITY LOCATION: 44 BEECH STREET, PATERSON, NJ 07501
NEW CUSTOMER ID/OUTLET ID: 27220136-2 OLD OUTLET DESIGNATION: 27100062



MONITORING PERIOD:	
<u>START</u>	<u>END</u>
8/1/2008	8/31/2008
mo/day/yr	mo/day/yr

.197


VOL. DISCHARGED THIS PERIOD	
196836	GALLONS
Effluent Meter Reading Last Day This Period	
Not Applicable	

[illegible][illegible]

TR

OCT 2008
2nd Lt
Industrial Dept.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL OR AUTHORIZED AGENT	Type Name And Title	Telephone No. 973-278-3818
	H. R. Casparian President	Fax No. 973-523-8677
		Date 8/29/2008

PVSC FORM MR-2 REV. 2, 1/88

Calculation of Volume Discharged

Outlet #1

meter #	8/1/2008	8/31/2008	Cu Ft
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			*.95*7.48
			196836



CHAIN OF CUSTODY RECORD

284 Sheffield Street, Mountainside, NJ 07092
(908) 789-8900 Fax (908) 789-8922
www.chemtech.net

CHEMTECH PROJECT NO
QUOTE NO 24013
COC Number 076476

CLIENT INFORMATION				CLIENT PROJECT INFORMATION				CLIENT BILLING INFORMATION							
REPORT TO BE SENT TO: COMPANY: <u>CRAE TEXTILE PUNTING CO. INC.</u>				PROJECT NAME: <u>PROJECT NO.:</u>				BILL TO: PO#:							
ADDRESS: <u>P.O. Box 2761</u>				LOCATION: <u>PROJECT MANAGER:</u>				ADDRESS:							
CITY: <u>PATERSON</u> STATE: <u>NJ</u> ZIP: <u>07509</u>				PROJECT MANAGER:				CITY: STATE: ZIP:							
ATTENTION: <u>H. R. CASPARIAN</u>				e-mail:				ATTENTION: PHONE:							
PHONE: <u>973-278-3818</u> FAX: <u>973-523-8677</u>				PHONE: FAX:				ANALYSIS							
DATA TURNAROUND INFORMATION				DATA DELIVERABLE INFORMATION				PRESERVATIVES				COMMENTS			
FAX: _____ DAYS: _____				<input type="checkbox"/> RESULTS ONLY <input type="checkbox"/> USEPA CLP				1 2 3 4 5 6 7 8 9				Specify Preservatives A-HCl B-HNO ₃ C-H ₂ SO ₄ D-NaOH E-ICE F-Other			
HARD COPY: _____ DAYS: _____				<input type="checkbox"/> RESULTS + QC <input type="checkbox"/> New York State ASP "B"											
EOD: _____ DAYS: _____				<input type="checkbox"/> New Jersey REDUCED <input type="checkbox"/> New York State ASP "A"											
PRE-APPROVED TAT: <input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/> New Jersey CLP <input type="checkbox"/> Other _____											
STANDARD TURNAROUND TIME IS 10 BUSINESS DAYS				<input type="checkbox"/> EDD FORMAT											
CHEMTECH SAMPLE ID	PROJECT IDENTIFICATION	SAMPLE MATRIX	SAMPLE TYPE	SAMPLE COLLECTION DATE	TIME	# OF BOTTLES									
1.	Outlet #1	X	X	8/6/08	11:15 AM	2									
2.	Outlet #2	X	X	8/6/08	11:26 AM	2									
3.															
4.															
5.															
6.															
7.															
8.															
9.															
10.															
SAMPLE CUSTODY MUST BE DOCUMENTED BELOW EACH TIME SAMPLES CHANGE POSSESSION INCLUDING COURIER DELIVERY											Cooler Temp. <u>50°</u>				
RECEIVED BY: <u>[Signature]</u> DATE/TIME: <u>8/6/08</u> <u>11:30 AM</u>											Conditions of bottles or coolers at receipt: <input checked="" type="checkbox"/> Compliant <input type="checkbox"/> Non Compliant				
RECEIVED BY: <u>[Signature]</u> DATE/TIME: <u>8/6/08</u>											Cooler Temp. <u>50°</u>				
RECEIVED BY: <u>[Signature]</u> DATE/TIME: <u>8/6/08</u>											Ice in Cooler?: <u>YES</u>				
RECEIVED BY: <u>[Signature]</u> DATE/TIME: <u>8/6/08</u>											Shipment Complete: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
RECEIVED BY: <u>[Signature]</u> DATE/TIME: <u>8/6/08</u>											Shipped Via: CLIENT: <input type="checkbox"/> HAND DELIVERED <input type="checkbox"/> OVERNIGHT				
RECEIVED BY: <u>[Signature]</u> DATE/TIME: <u>8/6/08</u>											Chemtech: <u>[Signature]</u> <input checked="" type="checkbox"/> PICKED UP <input type="checkbox"/> OVERNIGHT				
Page <u>1</u> of <u>1</u>															



284 Sheffield Street, Mountainside, NJ 07092 Phone: 908-789-8900 Fax: 908-789-8922

Report of Analysis

Client: Craft Textile Printing
Project: Permit Renewal 2008
Client Sample ID: OUTLET-1
Lab Sample ID: Z4013-01
% Solids: 0.00

Date Collected: 8/6/2008
Date Received: 8/6/2008
SDG No.: Z4013
Matrix: WATER

Analyte	Result	Qualifier	RL	Units	DF	Date Analyzed	Method
TSS	20		4.00	mg/L	1	8/8/2008	SM2540 D TSS
BOD5	3.300		2.00	mg/L	1	8/7/2008	SM5210B BOD5

Comment

10



284 Sheffield Street, Mountainside, NJ 07092 Phone: 908-789-8900 Fax: 908-789-8922

Report of Analysis

Client: Craft Textile Printing
Project: Permit Renewal 2008
Client Sample ID: OUTLET-2
Lab Sample ID: Z4013-02
% Solids: 0.00

Date Collected: 8/6/2008
Date Received: 8/6/2008
SDG No.: Z4013
Matrix: WATER

Analyte	Result	Qualifier	RL	Units	DF	Date Analyzed	Method
TSS	160		4.00	mg/L	1	8/8/2008	SM2540 D TSS
BOD5	19		2.00	mg/L	1	8/7/2008	SM5210B BOD5

Comment

11